

# ARH CHAPLAINCY SERVICES

## HOW TO DO HOSPITAL VISITATION

### ARRIVAL AT THE HOSPITAL

- Ask to use the intercom at the Information desk. Announce “I am Chaplain\_\_\_\_\_ I will be visiting in the hospital for the next hour, please let your nurse know if you would like for me to visit your room for a moment of prayer”

Read a short passage of scripture over the intercom and then offer a short prayer. Praying for patients and staff. Try to limit to three minutes.

Suggestion: If you would like to offer a service in the chapel- announce that you will be having a Seven Minute Service in the chapel for patients or staff that would like to attend.

- Check Prayer Request Box, generally found in the chapel.

### PRIOR TO VISITING PATIENTS

- Prepare yourself with prayer before you make you calls on the sick.
- Wear your Chaplaincy ID Badge
- Wash hands before each visit
- **Knock before entering**. The patient’s room is his/her home (away from home)
- Do not enter the patient’s room if a light is on over the door. Check first at the nurse’s station.
- Do not enter the patient’s room if there are “Precaution”, “Reverse Precautions” signs posted or if there are masks, gloves or IV gowns required. Check first at the nurses’ station.

- “No visitors” includes the chaplain and/or pastor too. Check first at the nursing stations.
- Check in at the nursing station, telling them your name and role (chaplain-on-call or pastor) and the persons whom you are there to visit.
- Inquire at the nurses’ station if there are any particular patients who might need pastoral care at that time.
- If you are sick (cold, sore throat, fevered, etc.) please do not visit. Switch days with another chaplain.

### **THE FIRST THREE MINUTES:**

- Smile! Let the patient know by your smile that you are not the bearer of bad news.
- Introduce yourself by name and role (“I am a hospital chaplain”). (“I am here to visit with you.”)
- Do not apologize for making a call upon patient.
- Take a position in line with the patient’s vision.
- Do not stand in front of a window so the patient is looking into bright light to see you.
- Avoid the “sales” approach: (“What can I do for you?”)
- Generally, it is better not to sit down until you have been invited.
- Let the patient take the initiative in shaking hands.
- Do not jar or bump the bed.
- Do not sit on the patient’s bed even if invited to do so.

- If the patient offers his/her hand, grasp the hand firmly but do not squeeze or grip tightly.
- Maintain eye contact.
- Do speak clearly and firmly. All elderly are not hard of hearing. A loud voice can be upsetting to a hospitalized patient.
- Do not give the impression you are in a hurry or on a “time schedule”.
- Do not carry emotional or spiritual “germs” from one patient to another.

**REMEMBER:**

- Do not ask patient: “What is wrong with you? or “What is the nature of your illness?”
- Do not give medical advise or repeat medical information about the patient.
- Do not whisper or talk in low tones within sight or hearing of the patient.
- Do not ask medical questions.
- Do not defend hospital, doctors, procedures.
- Avoid preaching little “sermonettes”.
- Do not act as though you thought church membership and attendance the ONLY goal.
- Do not be so self-conscious of your role as pastor that you lose sight of the patient.
- Do not think of yourself as a “problem solver”.
- Do not superimpose your religious belief. Help the patient find help in his/her own religious beliefs.

- Do tell others who come in or interrupt that you will be finished in a few minutes.

### **PASTORAL CONVERSATION:**

- Endeavor to be calm and relaxed. This expression of your personality is contagious.
- Give the person you are visiting your whole attention and interest.
- Make frequent eye contact.
- Be an active listener.
- Respond to the feeling that is being expressed by the patient.
- Watch your own feelings and guard against showing shock or surprise.
- Do not assume that because the patient is going home, the patient is happy about it.
- Do not believe the patient literally when he/she says, "I'm just fine."
- Do not assume that the patient loves his/her family and the patient's love him/her.
- Do not assume that because patient is in the hospital that he/she is having surgery.
- Do not attempt to avoid conversation about the patient's illness.
- Do not seek to find the patient's physical condition so much as to find the emotional and spiritual condition.
- Avoid telling patient he/she looks well or good. Looks can be deceiving.
- Avoid telling patient what his/her feelings ought to be.

- When patient says, “I am afraid” don’t say, “You should not be”.
- Avoid changing subject whenever patient talks of some subject filled with emotion. But watch for exaggerated emotions or response.
- Do not reprimand “or scold” the patient, either directly or by implication.
- Avoid premature reassurances.
- Avoid telling a patient you have had the same operation and/or that there is nothing to it.
- Do not be too quick to break a pause by changing the subject and talking.
- Respond to patient’s feelings when he/she has opened his heart to you.
- Do not agree with patient when you don’t agree.
- Avoid revealing your feelings about patient’s condition: “I’m sorry, glad, etc.”
- Do not become so disturbed and frightened by patient’s condition that you hurry out.
- In bereavement situations, do not jump too quickly into discussion of the future.
- Do not “win the argument but lose the patient”.
- Do not try to “Cheer up” the patient forcefully.
- Do not jump ahead of patient’s emotional need or level. Keep with him. Not too fast.
- Do not respond to what patient “says” so much as to the feelings underlying what is said.
- Do not make decisions or give advice. Help explore options!

- Do not reveal negative emotional reactions through voice, countenance nor manner.
- Put the patient at ease - help the person relax.

### **CONCLUDING THE VISIT:**

- Visit briefly but frequently.
- Generally ten minutes is sufficient time for a visit.
- Politely offer to say grace and excuse yourself when the meal arrives.
- Announce to the patient that you are about ready to leave and then listen carefully for any “last minute” concerns.
- Ask the patient if he/she would like for you to pray with them.
- Offer a silent prayer upon leaving the room if you have not prayed with the patient.
- Offer a blessing or a word of hope or comfort as your last words upon leaving.
- Leave graciously if asked to do so or if services are not wanted.
- Record any pastoral concerns in the Chaplain Log Book for the next on duty Chaplain-of-the-Week.

**Please remember** it is the responsibility of this Hospital to demonstrate respect for a patient’s desire for pastoral care and other religious/spiritual services, and to provide necessary access to such services. Hospital staff confers dignity to the patient and family by addressing religious and/or spiritual needs throughout the hospital stay.

In certain situations, specific rituals or activities may be requested by a patient or his/her legal guardian that must be addressed in certain specific,

timely ways. This policy provides general guidelines to help safeguard the patient/family dignity by respecting their cultural, psychosocial and spiritual values. Responding to such requests and safeguards is the responsibility of all staff.

Policy: Request for specific religious/spiritual services by a patient or his/her legal guardian (when the patient cannot communicate his/her own wishes directly) should be honored, where possible and appropriate.

Examples of requests may include the following:

- administration of holy communion/eucharist
- baptism of an infant or adult near death
- hearing a patient's confession
- anointing with oil/sacrament of the sick
- prayer of commendation and blessing at the time of death or following a death
- prayer before a surgical procedure
- specific foods or foods prepared in a specific way
- to be visited by a hospital chaplain
- respect for religious objects
- native American sage and pipe ceremony
- to be visited by a patient and/or family's own faith practitioner

This document has been prepared by  
**Chaplain C. Morgan Peterson, Chaplain Thomas W. Schuler**  
**Chaplain Charles Wilcox, Chaplain Tim Reynolds**